

Tool Steel Service of California, Inc

5729 Smithway ST. Commerce, CA 90040 * Phone 888-866-5911 * Billing Fax 708-458-3778

APPLICATION FOR CREDIT

Name of Company _____

Billing Address _____

Ship To Address _____

A/P Contact Name _____ Phone _____ Fax _____

Type of Business _____ How Long in Business _____

Federal ID Number _____ Are you sales tax exempt? Yes No

If YES, please include a SalesTax Exemption Certificate with application

Owners & Officers

Name _____ Title _____ Address _____ City/State/Zip _____

Name _____ Title _____ Address _____ City/State/Zip _____

Name _____ Title _____ Address _____ City/State/Zip _____

Bank Information

Name _____

Address: _____ City,State,Zip: _____

Phone: _____ Fax: _____ Contact Name _____

Trade References

Name _____

Address _____

Contact Name _____ Phone _____ Fax _____

Name _____

Address _____

Contact Name _____ Phone _____ Fax _____

Name _____

Address _____

Contact Name _____ Phone _____ Fax _____

I authorize Tool Steel Service of Cal, Inc. to contact the above stated bank and credit references.

I agree to pay Tool Steel Service of Cal, Inc. within the terms stated on their invoices.

Print Name _____ Authorized Signature _____ Title _____ Date _____